

RECEIVED
CENTRAL FAX CENTER

SEP 20 2005

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission: 7

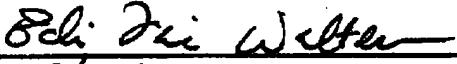
Application Number	09/496,825
Filing Date	February 01, 2000
First Named Inventor	Edward Rowland Grauch
Art Unit	2616
Examiner Name	Joseph G. Ustaris
Attorney Docket Number	BS95003 CON

ENCLOSURES

(Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature			
Date	9/16/05		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (Print/Type)	Maureen M. Pettine	Date	09/20/2005
Signature			

BEST AVAILABLE COPY

RECEIVED
CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

SEP 20 2005

In re application of: Edward R. Grauch et al. Group Art Unit: 2616
Application No.: 09/496,825 Examiner: Joseph G. Ustaris
Filed: February 1, 2000
Title: "Method and System for Tracking Network Use"

VIA FACSIMILE 571-273-8300

TC2600

Attn: Examiner Joseph G. Ustaris

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 09/20/2005 (date of transmission).

Maureen M. Pettine
Name of Person Faxing This Paper

Maureen M. Pettine

Signature

September 20, 2005

09/21/2005 TL0111 00000009 09496825

Date of Transmission

01 FC:1806

180.00 OP

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (p. 1).

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, the certification fee is believed to be required (37 CFR § 1.97b(3)).

It is respectfully requested that the references listed on the attached form be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,

Bambi F. Walters

Bambi F. Walters
Attorney for Applicants
Registration No. 45,197
P. O. Box 5743
Williamsburg, VA 23188
Telephone: 757.253.5729

Date: 7/16/05

FEE TRANSMITTAL for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

Application Number	09/496,825	RECEIVED
Filing Date	February 1, 2000	CENTRAL FAX CENTER
First Named Inventor	Edward R. Grauch	
Examiner Name	Joseph G. Ustaris	SEP 20 2005
Art Unit	2616	
Attorney Docket No.	BS95003CON	

TOTAL AMOUNT OF PAYMENT	\$180.00
-------------------------	----------

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other
 Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee Paid (\$)
- 20 or HP =	x	=

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50	(round up) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS \$180.00

SUBMITTED BY:		Complete (if applicable)		
Name (Print/Type)	Bambi F. Walters	Registration No. (Attorney/Agent)	45,197	Telephone: (757) 253-5729
Signature	<i>Bambi F. Walters</i>	Date	9/16/05	

BEST AVAILABLE COPY

SEP 20 2005 1:05PM WALTERS

7572535729

P. 5

FEE TRANSMITTAL for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

Application Number	09/496,825	RECEIVED
Filing Date	February 1, 2000	CENTRAL FAX CENTER
First Named Inventor	Edward R. Grauch	
Examiner Name	Joseph G. Ustaris	
Art Unit	2618	SEP 20 2005
Attorney Docket No.	BS95003CON	

TOTAL AMOUNT OF PAYMENT	\$180.00
-------------------------	----------

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other

Deposit Account Deposit Account No. 18-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below

Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Enty Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee Paid (\$)
- 20 or HP =	x	=

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS

\$180.00

SUBMITTED BY:		Complete (if applicable)		
Name (Print/Type)	Signature	Registration No. (Attorney/Agent)	Date	Telephone:
Bambi F. Walters	<i>Bambi F. Walters</i>	45,197	9/16/05	(757) 253-5729

Please type a plus sign (+) inside this box → +

PTO/SB/08A (08-00)

Approved for use through 10/31/2002 OMB 0851-0031

U. S. Patent and Trademark Office: U. S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1986, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO		Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT		Application Number	09/496,825
(use as many sheets as necessary)		Filing Date	February 1, 2000
		First Named Inventor	Edward R. Grauch et al.
		Group Art Unit	2616
		Examiner Name	Joseph G. Ustaris
		Attorney Docket Number	BS95003 CON
Sheet	1	of	1

U.S. PATENT DOCUMENTS

OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS

OTHER PRIOR ART - NON-PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

Examiner Signature		Date Considered	
-------------------------------	--	----------------------------	--

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.